



CITY OF HOUSTON

RETIREMENT INCENTIVE OPTION FOR GENERAL FUND MUNICIPAL EMPLOYEES

Human Resources Department, Benefits Division
611 Walker, 4th Floor Annex, Houston, Texas 77002

Instructions:

- 1- You must verify your eligibility to retire with your pension system, prior to submitting this form.
- 2- Please complete this form and schedule an appointment with the HR-Benefits Representative at 832-393-6000 during business hours of 8 a.m. – 5 p.m. to return this form to the HR Department.
- 3- In order to participate in this retirement option, this form must be completed, signed, notarized and submitted by you and returned to the HR Department.

I, _____, wish to notify the _____
(full name) (City of Houston Department)

Department Director of my intention to retire from my position as a(n) _____ In the
department.

Retirement effective date ____/____/____.

Employee Number: _____

I, _____ affirm the information contained on this form is true and accurate. I am submitting this election voluntarily and I understand this election is considered final, irrevocable and unretractable once submitted. In consideration for this election, I understand and the city agrees that I will be receiving favorable health benefits rates as stipulated in Executive Order No. ____ (copy attached along with appendices). In addition, I understand my termination pay of vacation and sick days (if applicable) are eligible for a deferred payout. I understand the City reserves the right to pay my deferred payout in a lump sum or in three (3) installment payments being 1/3 of my total payout at leaving and 1/3 of my payout each July for the next two (2) years. The deferred payout option of the three (3) installment payments will earn simple interest at 2.5% as determined by the Mayor. I understand that the HR Department will only process my election if I submit this completed form and I understand the HR Department will notify my Department Director of this election.

Signature of employee: _____

Date: _____

State of Texas

County of _____

Before me, _____ on this day personally appeared _____, known to me (or proved to me) on the oath of _____ or through (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, (_____).

Notary's Public Signature

COMPLETED BY HUMAN RESOURCES PERSONNEL ONLY

Signed: _____
(HR Director)

Print Name: _____

Date Received: _____

Please note: It is the responsibility of the employee to verify retirement eligibility.